

**To qualify for funds for services to displaced students, this form must be completed and returned to the Director of Pupil Personnel in the local public school district in which the non-public school is located by January 23, 2006.**

## Kentucky

## ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM

## Certification By Non-Public Schools for Emergency Impact Aid for Displaced Students

Name of Non-Public School:	Name of Contact Person for Non-Public School:	
Street/P.O. Box:	Title:	
City:	Phone:	Fax:
State & Zip:	E-Mail:	

Name of the **local public school district** within whose boundaries this non-public school is located:

Report total number of **displaced** students in this non-public school by category (not receiving or receiving special education services). Include a student in only one category. **Displaced student** means a student who enrolled in a school (other than the school that the student was enrolled in, or was eligible to be enrolled in, on August 22, 2005) because the student resided on August 22, 2005 in an area for which a major disaster has been declared related to Hurricane Katrina or Hurricane Rita. Use whole numbers only. **Include only the displaced students who were enrolled on the count date.**

- For Quarter 1 and Quarter 2, report the number of displaced students as of the reporting date for that quarter.
- Submit data for Quarter 3 and Quarter 4 as they become available as of the reporting date for that quarter.

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<b>Non-Public Schools</b> Total number of <b>displaced</b> students enrolled in this non-public elementary or secondary school:	<b>Quarter 1</b> <b>Count Date</b> <b>October 1, 2005</b>	<b>Quarter 2</b> <b>Count Date</b> <b>December 1, 2005</b>	<b>Quarter 3</b> <b>Count Date</b> <b>February 1, 2006</b>	<b>Quarter 4</b> <b>Count Date</b> <b>April 1, 2006</b>
1) Who <b><u>are not</u></b> receiving special education and related services consistent with IDEA.				
2) Who <b><u>are</u></b> receiving special education and related services consistent with IDEA.				

**List the names of the displaced students counted above. Add additional pages as needed.**

[illegible]

**Assurances**

- I certify that this school is a non-public school that meets the eligibility requirements of the law governing Emergency Impact Aid for Displaced Students. Eligible non-public school means a non-public elementary or secondary school that is accredited or licensed or operates in accordance with State law; was in existence on August 22, 2005; and serves displaced students.
- I certify that I have received and read a copy of the law governing Emergency Impact Aid for Displaced Students.
- I certify that the displaced students included on the list above (and counted in the number above) were enrolled in this school on the designated count date(s).
- I certify that this non-public school will collect documentation (applications from parents) to verify the eligibility of any non-public school student included in this certification as meeting the definition of displaced student before the local public school district provides a quarterly payment to Individual Emergency Impact Aid Accounts.
- I certify that payments to Emergency Impact Aid Accounts received from the local public school district will be used by this non-public school only for the purposes described in the law governing Emergency Impact Aid for Displaced Students: paying the compensation of personnel in schools enrolling displaced students; identifying and acquiring curricular materials (additional classroom supplies) and mobile educational units and leasing sites or spaces; basic instructional services including tutoring, mentoring, or academic counseling services; and education and support services.
- I swear or affirm that the information on eligibility for Emergency Impact Aid for Displaced Students provided herein is accurate and completed and acknowledge that any fraudulent or false statements may result in loss of eligibility and subject the signatory and/or agency to being liable for reimbursement of the funds.
- I certify that I am authorized to make the representations and commitments in this certification, for and on behalf of this non-public school; and otherwise to act as this non-public school's authorized representative in submitting this certification.

Name &amp; Title of Authorized Representative:

Signature:

Date: